

DEATH CERTIFICATE COPY APPLICATION FORM

FOR FRANKLIN COUNTY DEATHS ONLY

- Complete the form below for each certificate request.
- Submit completed form in person or by mail:
 - **By Mail:** Send completed application with required \$25 fee for each certificate copy request (check or money order made payable to Columbus City Treasurer) to:
Columbus Public Health – Vital Statistics
240 Parsons Ave.
Columbus, OH 43215

NOTES:

- Customer must contact our office within 60 days if certificate has not been received through the mail.
- **Exchange Policy** - Certificates can be exchanged within 30 days if certificate is in good condition.
- **Absolutely no refunds** once certificate leaves premises.
- For supplements, the original certificate must be in good condition and brought to exchange.

GETTING THE CERTIFICATES - Check the box next to how and when you would like to receive your certificates.

- Same day service (*in person only*)
 Next day pick-up
 Mail-out

NUMBER OF COPIES & CHARGES

If mailing, please include check or money order made payable to Columbus City Treasurer. (**Do not send cash.**)

Number of death certificate copies: _____ x \$25 = \$ _____ total

INFORMATION ON CERTIFICATE BEING REQUESTED

First Name:	Middle Name:	Last Name on Certificate:
Place of Death: FRANKLIN COUNTY ONLY	City, Village or Township where deceased:	Date of Death: / / Month Day Year
Funeral home who handled arrangements:		

APPLICANT INFORMATION (*person requesting certificate*)

Applicant Name:	Your Relationship to Person Who Died:		
Address:	City:	State:	ZIP Code:
Applicant Signature:	Current Date: / / Month Day Year		Phone: () -
Email (optional):			